Complete Summary

GUIDELINE TITLE

Family caregiving. In: Evidence-based geriatric nursing protocols for best practice.

BIBLIOGRAPHIC SOURCE(S)

Messecar DC. Family caregiving. In: Fulmer T. Capezuti E, Zwicker D, Mezey M, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 127-60. [119 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY
DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Illness or functional impairment requiring family caregiving

GUIDELINE CATEGORY

Management
Risk Assessment

CLINICAL SPECIALTY

Geriatrics
Nursing

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To identify viable strategies to monitor and support family caregivers

TARGET POPULATION

Family caregivers

INTERVENTIONS AND PRACTICES CONSIDERED

Assessment

1. Caregiver context
2. Caregiver's perception of care recipient's health and functional status
3. Preparedness for caregiving
4. Quality of family relationships
5. Indicators of problems with quality of care
6. Caregiver's physical and mental-health status

Management

1. Content and skills needed to increase preparedness for caregiving
2. Partnership with the caregiver and strategies to address issues and concerns
3. Identification of caregiver issues and concerns, strengths, and resources
4. Assisting caregivers in management of their physical and emotional responses to caregiving
5. Interdisciplinary approach

MAJOR OUTCOMES CONSIDERED

- Caregiver strain
- Depression
- Physical health

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Although the AGREE instrument (which is described in Chapter 1 of the original guideline document) was created to critically appraise clinical practice guidelines, the process and criteria can also be applied to the development and evaluation of clinical practice protocols. Thus the AGREE instrument has been expanded for that purpose to standardize the creation and revision of the geriatric nursing practice guidelines.

The Search for Evidence Process

Locating the best evidence in the published research is dependent on framing a focused, searchable clinical question. The PICO format—an acronym for population, intervention (or occurrence or risk factor), comparison (or control), and outcome—can frame an effective literature search. The editors enlisted the assistance of the New York University Health Sciences librarian to ensure a standardized and efficient approach to collecting evidence on clinical topics. A literature search was conducted to find the best available evidence for each clinical question addressed. The results were rated for level of evidence and sent to the respective chapter author(s) to provide possible substantiation for the nursing practice protocol being developed.

In addition to rating each literature citation to its level of evidence, each citation was given a general classification, coded as "Risks," "Assessment," "Prevention," "Management," "Evaluation/Follow-up," or "Comprehensive." The citations were organized in a searchable database for later retrieval and output to chapter authors. All authors had to review the evidence and decide on its quality and relevance for inclusion in their chapter or protocol. They had the option, of course, to reject or not use the evidence provided as a result of the search or to dispute the applied level of evidence.

Developing a Search Strategy

Development of a search strategy to capture best evidence begins with database selection and translation of search terms into the controlled vocabulary of the database, if possible. In descending order of importance, the three major databases for finding the best primary evidence for most clinical nursing questions are the Cochrane Database of Systematic Reviews, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medline or PubMed. In addition, the PsycINFO database was used to ensure capture of relevant evidence in the psychology and behavioral sciences literature for many of the topics. Synthesis sources such as UpToDate® and British Medical Journal (BMJ) Clinical Evidence and abstract journals such as *Evidence Based Nursing* supplemented the initial searches. Searching of other specialty databases may have to be warranted depending on the clinical question.

It bears noting that the database architecture can be exploited to limit the search to articles tagged with the publication type "meta-analysis" in Medline or "systematic review" in CINAHL. Filtering by standard age groups such as "65 and over" is another standard categorical limit for narrowing for relevance. A literature search retrieves the initial citations that begin to provide evidence. Appraisal of the initial literature retrieved may lead the searcher to other cited articles, triggering new ideas for expanding or narrowing the literature search with related descriptors or terms in the article abstract.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

Level II: Single experimental study (randomized controlled trials [RCTs])

Level III: Quasi-experimental studies

Level IV: Non-experimental studies

Level V: Care report/program evaluation/narrative literature reviews

Level VI: Opinions of respected authorities/Consensus panels

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METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Levels of evidence (I – VI) are defined at the end of the "Major Recommendations" field.

Parameters of Assessment

- Caregiving Context:
  - Caregiver relationship to care recipient (spouse, non-spouse) (Gitlin et al., 2003; Sorensen, Pinquart, & Duberstein, 2002 **[both Level I]**)
  - Caregiver roles and responsibilities
    - Duration of caregiving (Sorensen, Pinquart, & Duberstein, 2002 **[Level I]**)
    - Employment status (i.e., work, home, volunteer) (Pinquart & Sorensen, 2006 **[Level I]**)
    - Household status (e.g., number in home) (Pinquart & Sorensen, 2006 **[Level I]**)
    - Existence and involvement of extended family and social support (Pinquart & Sorensen, 2006 **[Level I]**)
  - Physical environment (i.e., home, facility) (Vitaliano, Zhang, & Scanlan, 2003 **[Level I]**)
  - Financial status (Vitaliano, Zhang, & Scanlan, 2003 **[Level I]**)
  - Potential resources that caregiver could choose to use—list (Pinquart & Sorensen, 2006 **[Level I]**)
  - Family's cultural background (Dilworth-Andersen, Williams, & Gibson, 2002 **[Level I]**)
- Caregiver's perception of health and functional status of care recipient:
  - List activities care receiver needs help with; include both activities of daily living (ADLs) and instrumental ADLs (IADLs) (Pinquart & Sorensen, 2003, 2006 **[both Level I]**).
  - Presence of cognitive impairment—if yes, any behavioral problems? (Gitlin et al., 2003 **[Level I]**; Sorensen, Pinquart, & Duberstein, 2002 **[Level I]**).

- Presence of mobility problems—assess with single question (Archbold et al., 1990 **[Level II]**).
  - Caregiver preparedness for caregiving:
    - Does caregiver have the skills, abilities, knowledge to provide care recipient with needed care? (see Preparedness for Caregiving Scale at http://www.hartfordign.org/publications/trythis/issue14.pdf, Family Caregiving topic).
  - Quality of family relationships:
    - The caregiver's perception of the quality of the relationship with the care receiver (Archbold et al., 1990 **[Level II]**) (see Mutuality Scale at www.ConsultGeriRN.org, Family Caregiving topic).
  - Indicators of problems with quality of care:
    - Unhealthy environment
    - Inappropriate management of finances
    - Lack of respect for older adult (see Elder Assessment Instrument [EAI]) at http://www.hartfordign.org/publications/trythis/issue15.pdf).
  - Caregiver's physical and mental-health status:
    - Self-rated health: single item—asks what is caregivers' perception of their health (Pinquart & Sorensen, 2006 **[Level I]**).
    - Health conditions and symptoms
      - Depression or other emotional distress (e.g., anxiety) (Pinquart & Sorensen, 2006, 2003; Sorensen, Pinquart, & Duberstein, 2002 [**all Level I**]). (See CES-D in the original guideline document).
      - Reports of burden or strain (Schultz & Beach, 1999 **[Level II]**; Vitaliano, Zhang, & Scanlan, 2003 **[Level I]**). (See Caregiver Strain Index at http://www.consultgerirn.org, Family Caregiving topic)
    - Rewards of caregiving:
      - List of perceived benefits of caregiving (Archbold et al., 1995 **[Level II]**)
      - Satisfaction of helping family member
      - Developing new skills and competencies
      - Improved family relationships
    - Self-care activities for caregiver

Nursing Care Strategies

- Identify content and skills needed to increase preparedness for caregiving (Acton & Winter, 2002 **[Level I]**; Gitlin et al., 2003 **[Level I]**; Farran et al., 2003 **[Level IV]**; Farran et al., 2004 **[Level II]**; Sorensen, Pinquart, & Duberstein, 2002 **[Level I]**).
- Form a partnership with the caregiver prior to generating strategies to address issues and concerns (Brodaty, Green, & Koschera., 2003 **[Level I]**; Gitlin et al., 2003 **[Level I]**; Harvath et al., 1994 **[Level V]**).
- Identify the caregiving issues and concerns on which the caregiver wants to work and generate strategies (Acton & Winter, 2002 **[Level I]**; Gitlin et al., 2003 **[Level I]**; Sorensen, Pinquart, & Duberstein, 2002 **[Level I]**; several Level II studies [see Table 8.1] in the original guideline document).
- Assist the caregiver in identifying strengths in the caregiving situation (Archbold, et al., 1995 **[Level II]**).

- Assist the caregiver in finding and using resources (Archbold et al., 1995 **[Level II]**; Farran et al., 2004 **[Level II]**; Schumacher et al., 2002 **[Level IV]**).
- Help caregivers identify and manage their physical and emotional responses to caregiving (Schulz & Beach, 1999 **[Level II]**).
- Use an interdisciplinary approach when working with family caregivers (Acton & Winter, 2002 **[Level I]**; Gitlin et al., 2003 **[Level I]**; Farran et al., 2003 **[Level IV]**; Farran et al., 2004 **[Level II]**; Sorensen, Pinquart, & Duberstein, 2002 **[Level I]**; several Level II studies [see Table 8.1] in the original guideline document).

Definitions:

Levels of Evidence

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

Level II: Single experimental study (randomized controlled trials [RCTs])

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CLINICAL ALGORITHM(S)

None provided

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for selected recommendations.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Lower caregiver strain
- Decreased caregiver depression
- Improved caregiver physical health
- Improved quality of family caregiving
- Improved care-recipient physical health: functional status, nutrition, hygiene
- Improved care-recipientemotional well-being
- Decreased occurrence of adverse events such as increased frequency of emergent care

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Messecar DC. Family caregiving. In: Fulmer T. Capezuti E, Zwicker D, Mezey M, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 127-60. [119 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2008

GUIDELINE DEVELOPER(S)

Hartford Institute for Geriatric Nursing - Academic Institution

SOURCE(S) OF FUNDING

Hartford Institute for Geriatric Nursing

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Deborah C. Messecar

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the Hartford Institute for Geriatric Nursing Web site.

Copies of the book *Geriatric Nursing Protocols for Best Practice*, 3rd edition: Available from Springer Publishing Company, 536 Broadway, New York, NY 10012; Phone: (212) 431-4370; Fax: (212) 941-7842; Web: www.springerpub.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- The Modified Caregiver Strain Index (CSI). Try this: Best practices in nursing care to older adults. 2007. Electronic copies available from the Hartford Institute for Geriatric Nursing Web site.

PATIENT RESOURCES

None available

NGC STATUS

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